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7590

03/02/2004

William J. Uhl  
 One PPG Place  
 Pittsburgh, PA 15272



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Rosemarie Grech	(Depositor's name)
<i>Rosemarie Grech</i>	(Signature)
<i>May 11, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/034,825	12/27/2001	Calum H. Munro	1723A1	1477

TITLE OF INVENTION: COLOR EFFECT COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/02/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SANDERS, KRIELLION ANTIONETTE	1714		523-105000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William J. Uhl

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PPG Industries Ohio, Inc.

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2025 (enclose an extra copy of this form).

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(Authorized Signature) William J. Uhl(Date) 5/14/04Reg. 25,56104

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